

**AMENDMENT OFFERED BY MR. KUHL**  
**TO THE AMENDMENT IN THE NATURE OF A**  
**SUBSTITUTE TO H.R. 5293**

Page 8, after line 13, insert the following (and make such technical and conforming changes as may be appropriate):

- 1                   (B) in paragraph (12)—  
2                   (i) by striking “(12)” and inserting  
3                   the following:  
4                   “(12)(A) consult and coordinate activities with  
5                   the Centers for Medicare & Medicaid Services and  
6                   other federal entities to implement and build aware-  
7                   ness of programs providing benefits affecting older  
8                   individuals; and  
9                   “(B)”.

Page 9, after line 2, insert the following (and make such technical and conforming changes as may be appropriate):

- 10                   (iv) by inserting “(A)” after “(20)”,  
11                   and  
12                   (v) by adding at the end the following:



1           “(B) provide technical assistance and support  
2           for benefits enrollment assistance and outreach to  
3           support existing efforts to inform and enroll older  
4           individuals who may be eligible to participate, but  
5           who are not participating, in programs for which  
6           they are eligible, and may in cooperation with Fed-  
7           eral partners, establish a National Center on Senior  
8           Benefits Outreach and Enrollment, which shall—

9           “(i) develop, maintain, and update web-  
10          based decision supports and enrollment tools  
11          and integrated, person-centered systems de-  
12          signed to inform older individuals about the full  
13          range of benefits for which they may be eligible;

14          “(ii) utilize strategies to find and enroll  
15          those with greatest economic need;

16          “(iii) create and support efforts for Aging  
17          and Disability Resource Centers, and other  
18          public and private state and community-based  
19          organizations, including faith-based organiza-  
20          tions, to serve as enrollment benefit centers;

21          “(iv) develop and maintain an information  
22          clearinghouse on best practices and the most  
23          cost effective methods for enrolling limited in-  
24          come older Americans in benefits for which they  
25          are eligible; and



1           “(v) provide, in collaboration with Federal  
2           partners administering programs, training and  
3           technical assistance on the most effective out-  
4           reach, screening, enrollment and follow-up  
5           strategies.”.

Page 12, beginning on line 13, strike “planning,”  
and all that follows through line 16, and insert “plan-  
ning;”.

Page 12, after line 15, insert the following (and  
make such technical and conforming changes as may be  
appropriate):

6           “(7) implement in all states Aging and Dis-  
7           ability Resource Centers—

8           “(A) to serve as visible and trusted sources  
9           of information on the full range of long-term  
10          care options that are available in the commu-  
11          nity, including both institutional and home and  
12          community-based care;

13          “(B) to provide personalized and consumer  
14          friendly assistance to empower people to make  
15          informed decisions about their care options;

16          “(C) to provide coordinated and stream-  
17          lined access to all publicly supported long-term  
18          care options so that consumers can obtain the



1 care they need though a single intake, assess-  
2 ment and eligibility determination process;

3 “(D) to help people to plan ahead for their  
4 future long-term care needs; and

5 “(E) to assist, in coordination with the  
6 State Health Insurance Assistance Program,  
7 Medicare beneficiaries in understanding and ac-  
8 cessing the Prescription Drug Coverage and  
9 preventative health benefits available under the  
10 Medicare Modernization Act;”.

